

**PATENT**

<b>Request For Continued Examination (RCE) Transmittal</b>  Address to: Commissioner for Patents Box RCE P.O. Box 1450, Alexandria, VA 22313-1450 Fax no.: 571-273-8300	Application No. :	<b>10/531,519</b>
	Filing Date :	<b>October 28, 2005</b>
	First Named Inventor :	<b>TATSUYA HAYASHI</b>
	Group Art Unit :	<b>3656</b>
	Examiner :	<b>JOYCE, WILLIAM C.</b>
	Attorney Docket No. :	<b>JCLA16588-R</b>

This is a **Request for Continued Examination (RCE)** under 37 C.F.R. 1.114 of the above-identified application.

**1. Submission required under 37 CFR § 1.114.****a. [ ] Previously submitted**

( ) Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on \_\_\_\_\_  
( ) Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

**b. [ X ] Enclosed**

(X) Preliminary Amendment in ( 8 ) pages.  
( ) Other \_\_\_\_\_

**2. Miscellaneous**

a. ( ) Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months.  
b. ( ) Associate Power of Attorney.

**3. Fees** are calculated as follows:

<b>CLAIMS AS FILED</b>						
<b>NUMBER FILED</b>		<b>HIGHEST NO. PREVIOUSLY PAID FOR</b>	<b>PRESENT EXTRA</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>	
Basic Filing Fee				\$ 810	\$ 810	
Total Claims	7	MINUS	20	= 0 x \$ 52	= \$ 0	
Independent Claims	1	MINUS	3	= 0 x \$ 220	= \$ 0	
[ 1 ] month(s) extension of time is hereby requested.				Time Extension Fee	= \$ 130	
						<b>Total: \$ 940</b>

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a. [  ] Check in the amount of \$ \_\_ enclosed

**b. [ X ] The Commissioner is hereby authorized to charge the filing fee in the amount of \$ 940 as calculated above and any additional fee required in connection with filing of this application, or credit any overpayments, to Deposit Account No. 50-0710 (Order No. JCLA16588-R).**

i. (X) RCE fee required under 37 CFR 1.17(e)  
ii. (X) Extension of time fee (37 CFR 1.136 and 1.17).

Date: September 24, 2010

/JIAWEI HUANG/

Jiawei Huang

Registration No. 43,330

**Please send correspondence to:**

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